

Case Number:	CM13-0010801		
Date Assigned:	09/20/2013	Date of Injury:	08/13/2010
Decision Date:	01/15/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with date of injury of 08/13/10, secondary to unloading a truck with his forklift, which was on the ramp connected to the loading dock. As the truck pulled away, the ramp disconnected and dropped approximately 4 feet. He reported he felt the shock and the blow of the forklift dropping to the ground. He did not hit the bar above or strike his head, neck or his back on anything. He says he began to have pain in his low back and also pain in his left leg. EMG/NCS of the bilateral lower extremities performed on 06/04/12, showed lumbar spine radiculopathy, lumbar spine plexopathy, and peripheral neuropathy. An MRI of the lumbar spine performed on 03/03/11 demonstrated straightening of the lumbar lordotic curvature, which may be due to muscle spasm. Degenerative disc disease is noted at L4-5 and L5-S1 levels. Schmorl's nodes are visualized within the superior endplate of the lumbar spine and inferior endplate at T11 and T12. At L5-S1, minimal disc bulging is identified causing mild indentation of the anterior thecal sac without evidence of spinal canal or neural foramina stenosis, and the exiting and transiting nerve roots are unremarkable. There is no change on flexion and extension. On 06/20/13 the patient presented with pain that has remained unchanged since the last visit. The patient reports a new onset of bladder urgency and frequency that is associated specifically with his increased low back pain for the past two weeks. Examination was unchanged from that in 2012. Patient had no new complaints for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI lumbar spine without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the medical records provided for review, this employee has no new symptoms or neurologic findings to warrant a repeat magnetic resonance imaging (MRI) of the lumbar spine; neither is the employee being considered for surgical intervention. Bladder urgency is non-specific in chronic patients and does not represent new progressive neuro deficits to warrant a repeat MRI. The MTUS guidelines indicate that when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The request for an MRI lumbar spine without dye is not medically necessary and appropriate.

X-ray exam of neck spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 51.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: According to the ACOEM guidelines, in the absence of red flags, imaging and other tests are not usually helpful during the first four weeks of neck and upper back symptoms. According to the medical records provided, there were no red flags or new complaints in the cervical spine to warrant the request for cervical X-ray. The request for X-ray exam of neck spine is not medically necessary and appropriate.